

(1) PLACE OF BIRTH

County of *York*

Township of *Beaufort*

or  
Inc. Town of

or  
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

74711

Registration District No. *1000*

Registered No. *118*

(For use of Local Registrar)

St. *118* Ward

If child is not yet named, make supplemental report as directed

(2) Full Name of Child *Ed. L. Samuels*

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet? *Yes*  
To be answered only in event of Twins or Triplets

(5) Number in order of birth *1*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *8.20.1916*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *R. V. Samuels*

(9) PRESENT POSTOFFICE OF FATHER *Greenville*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *28*  
(Years)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *meat worker*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jessie Williams*

(15) PRESENT POSTOFFICE OF MOTHER *Greenville*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *20*  
(Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *Greenville* (Hour A. M. or P. M.)  
(Born alive or stillborn)

(23) (Signature) *Jessie Williams*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Greenville*

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled *Aug 24* 1916

(28)

*J. C. Moore*  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return: If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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